

Somali Perinatal Workgroup

May 3, 2013

**In Somalia pregnancy is considered a
normal process
not requiring medical intervention**

Gaps between Somali Culture and Western Health Care

Somali women

- General dissatisfaction with basic birthing practices that they were encountering
- Believe Obstetricians are too quick to perform C sections
- The concept of “Due Date” and why a baby has to be born a certain time Vs when Allah wishes (Insha'Allah)
- Fear medical interventions may harm baby or interfere with natural delivery
- Lack of knowledge about how to navigate the health system
- Concern with availability of female medical interpreters
- Strong preference for female providers

Birth plans is a fairly new concept to most and was a good education piece presented

Healthcare providers

- Don't understand why Somali women are opposed to Cesarean birth & labor inductions.
- Lack of appropriate materials for health education
- Somali women appeared bored during prenatal care appointments
- Concerns that they might not delivering culturally competent care to the Somali women served

Somali Community Experience: Prenatal, Labor and Delivery

Discussion at Somali Health Board Meeting 10-23-12

- Customary to reveal pregnancy at 20+ weeks in Somali (conflicts with early prenatal care, dating)
- Need to develop trusting relationships with health care providers
- Lack of time in clinical setting for education
- Fear of cesarean section
- Desire for holistic birth rather than medicalized birth
- Need for pre-planning in cases of fetal distress
- Need to have men involved
- Concern when genetic issues arise
- Need for explanation/understanding why a procedure occurred i.e. CS

Next steps ...

Identified at Somali Health Board Meeting 10-23-12

- Somali's need more education around: gestational diabetes, genetic screenings, fistulas, FGC ,C-sections. We should bring together the Somali community leaders and have Somali health professionals educate the community on these issues.
- Approach health systems and community clinics to put in place education for prenatal care.
- Identify doctors locally who have worked in refugee camps (who know how to deliver natural births for women with FGC).
- We should coordinate education for health systems.
- We can identify Somali nurses or health professionals to educate providers. Ethnomed has a Somali perinatal report that can be used in conjunction with educating healthcare providers. Request made for Somali community members help in reviewing, since it is 4 years old. (updates and additions).
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- Engage retired or non-practicing Somali doctors and midwives that live in our community to support our women. Midwives could even be in the birth room. There are many women who also were doulas in the refugee camps.

Somali Perinatal Workgroup

The Somali Perinatal Subgroup was established and includes Somali health care professional and community members and health systems representatives who are particularly interested in Somali Perinatal Health issues/disparities based on the needs identified from the board meeting.

Why Focus Groups?

Focus groups are well-suited for studies that aim to understand personal beliefs and experiences, and this approach is particularly effective because of the strong **oral culture and low literacy rates** of the Somali community (Herrel 2004:346).

Point of View

- Although our focus groups and interviews with the Somali women in the community may not reflect the opinions of all Somali women in Seattle, they can provide meaningful insight into the variety of feelings and thoughts Somali women have about their experiences with primary prenatal health care in Washington state

Rainier Vista & New Holly

- Two focus groups with Somali women were conducted to provide qualitative information on issues relating to the women's perinatal health beliefs and their perceptions of care they have received in Seattle

Focus Groups



Rainier vista-focus Group



NewHolly Group

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Recommendations

Formation of a culturally
appropriate program for Expecting
Somali Women??

Autonomy

Women's autonomy can be defined as the capacity and freedom to act independently. It encompasses women's ability to formulate strategic choices, control resources, and participate in decision-making

(Basu 1992, Bloom et al. 2001, Kishor and Subaiya 2008).

In Somalia

- Pregnancy is considered a normal process not requiring medical intervention

Somali Women first encounter western healthcare
during pregnancy,
they are often hesitant to accept prenatal intervention

Health Inequalities

Somali born women compared to US born black and white women

Somali Women:

Anemic

Gestational Diabetes

Delivery postdate (>42 weeks)

Cesarean Delivery

(Washington State Study-Johnson,Reed,Hitti,Batra, 2005)

Somali C.A.R.E.S.

Culturally
Appropriate &
Respectful
Education &
Support
for
Somali Women
During Pregnancy

(Dynes, 2008)

Somali CARES program developed in MN because...

Current antenatal care did NOT work for the Somali patients:

- Lacked educational Component for population specific information
- Questioned if current system provided appropriate care

Ways of Learning for Traditional African

- Somali Language-formal written script in 1972
- Oral tradition-by word of mouth
- Art of story telling
- Stories used to amuse, express feelings, teach behavior and morality

(Omolewa,2007)

Language-An important element in Learning

- Non English Speaking
- Use of interpreters are essential
- Awareness of facial expressions and gestures (providers)

Convergence of Models of Care

Centering Pregnancy

- Model of group antenatal care used in US & other countries
- Enhanced education
- Increased support network
- Greater time with provider
- Facilitative discussions focused on patients' interests

Home Based Life Saving Skills (HBLSS)

- Resource for poor countries
- Home & community based
- Low literate populations
- Early problem recognition
- Birth planning for referral to facility
- Multiple teaching strategies focused on mother & baby problems

Somali C.A.R.E.S Program Curriculum

- Prenatal Care Component (fetal heart tone, time, growth, etc.)
- Somali Specific Topics (presented through story telling and role playing)
- Discussion of cultural norms
- Socialization: Food, prayers
- Demonstrations, DVDs
- Stress and Coping Strategies
- Closing

Recommendations

- Formation of a culturally appropriate program like Somali Cares Program in Rochester, Minnesota
- Taking extra time to educate Somali women in a culturally appropriate and conducive approach toward both culture and religion will be very helpful.
- Using educational and cultural appropriate DVDS in Somali developed by WellShare.

Intended Goal

- Bridge the “Cultural Gap” to better understand the Somali women beliefs, values, and birthing practices by health care workers.
- Develop of trust by Somali women with health care providers